

Medical Expense Guidelines for Food Assistance

Revised 7/2018

The guidelines in this document shall be used to determine if a service or item is an allowable medical expense for Food Assistance. Verification of the actual medical expenses is required in all situations.

- A. **Guidelines:** Items and services covered by Medicaid are considered medically necessary. No expense is allowed for items paid by insurance or another third party. The following guidelines apply:
1. The items must be prescribed or approved by an appropriate licensed practitioner authorized by state law or other qualified health. A medical practitioner cannot prescribe or establish medical necessity outside of his/her area of expertise (e.g. an optometrist can prescribe only eye-related services and medication).
 2. The usual and customary rate is used when allowing any approved item or service. This is generally the amount the provider actually charged the individual. If the household has verification of an item, it is allowed regardless of the charge.
 3. The item is allowed at the quantity and duration indicated by the ordering medical practitioner.
 4. A list of services and items that may be allowed follows in Section C. If the item/service is not on the list contact the Food Assistance Program Manager.
 5. Medicaid, Medicare and other applicable third party insurances must be billed and resolved prior to making any allowance.
 6. Allowable medical expenses can be allowed even if not billed to an insurance.
- B. **Medical Expenses Not Allowed:** Certain items and services **are never allowed**, and are excluded from consideration. These include, but are not limited to, the following:
1. Household items that can be used for non-medical purposes such as air conditioners, humidifiers/dehumidifiers, water beds, food scales, weight scales, blenders, heat lamps, vaporizers, hot water bottles, heating pads and exercise equipment.
 2. Community based services not provided by a medical practitioner or Medicaid - certified facility which have not been approved through the community-based screening team, except as noted in item 25 below.
 3. Nonmedical expenses incurred in an assisted living or residential care facility, including room and board charges, are not medically necessary.

4. Over-the-counter drugs not prescribed or approved by an appropriate licensed medical practitioner.
5. Food replacements, food supplements or nutritional supplements, dietary supplements and other special diets.
6. Medical Marijuana cannot be allowed even if prescribed or approved by a licensed physician or other appropriate licensed medical professional
7. Items that can be bought with Food Assistance benefits see Appendix item X-2.

C. Allowable Medical Expenses: Proper documentation from an appropriate medical practitioner is only needed if the expense is questionable; however, the expense requires verification.

1. A sex change operation, cosmetic surgery, reversal of sterilization.
2. Adult day care- See item 25.
3. Alternating Pressure Pads and Pumps.
4. Alternative therapies, such as acupuncture, massage therapy, homeopathy, naturopathy, magnet therapy, prolotherapy and hydrotherapies.
5. Beds: Specialty beds such as hospital beds and specialty mattresses (e.g. water mattresses to relieve bed sores), bed rails, mattress covers.
6. Bedpans, urinals and basins.
7. Canes and Crutches.
8. Chiropractic Services.
9. Diapers and sanitary napkins, when used for incontinence, and other supplies such as underpads and chuxs.
10. Dental services (e.g. examination, cleaning, extractions, dentures, denture realigning, fillings, orthodontics) not covered by Medicaid. For the PD, MRDD, and TBI (HI) HCBS waivers, services are allowable with certification from the case manager or ILC that services are not covered under the waiver.
11. Diabetic supplies -blood glucose monitors and supplies; including lancets, syringes and needles.
12. Dressing items for wound care (Applicators, tongue blades, tape, gauze, bandages, pads and compresses, ace bandages, Vaseline gauze, slings, splints, pressure pads).

13. Drugs- prescription/legend drugs when prescribed by a licensed practitioner authorized under state law. Over-the-counter/non-legend drugs and antiseptics when prescribed by an appropriate practitioner to treat a specific medical condition.
14. (Service) Dogs and other Service Animals as defined by industry standards. Service animals are highly trained to meet the needs of the owner. Social or companion animals are not considered service animals. The cost of obtaining, replacing and maintaining the animal, including the costs of dog food and veterinarian bills.
15. Emollients, skin bonds or oils to prevent a condition from worsening.
16. Enema and enema equipment.
17. Eyeglasses, contact lenses, and sunglasses prescribed by a physician skilled in eye disease or by an optometrist.
18. Feeding tubes - parenteral and enteral infusion pumps.
19. Foot cradles and foot boards.
20. Gel pads or cushions, such as Action Cushion.
21. Gloves (rubber or plastic); masks.
22. HCBS obligation for food assistance only. In KEES, when you run EDBC the HCBS obligation page amount will be included as a medical expense deduction
23. Hearing aids and batteries.
24. Herbal Therapies. If a State-licensed herbalist prescribes herbs (such as for therapeutic purposes or as a deficiency corrector), the cost of the herbalist and herbs may be allowed as a medical expense if the herbs cannot be otherwise purchased with Food Assistance benefits. **The herbs may not be allowed if prescribed as part of a special diet.**
25. Home health aide or attendant: Nursing services provided by a licensed practitioner are allowable in full for food assistance. also see the note in KEESM 7224. Other home health services are allowable as follows:
 - a. For persons determined to meet Level of Care requirements for HCBS or institutional care, including those on a waiting list or serving a transfer penalty, services are allowable. These include services provided by a home health agency or other provider. Services provided by a spouse or if a minor child, a parent, are not allowable. Services must be itemized and must be consistent with the diagnosis/medical need.

b. For persons who do not meet Level of Care requirements, including those who have not yet been screened, medically necessary home health aid/attendant costs are allowable.

26. Home modifications, including the cost of building a ramp for a wheelchair; there is no cost limit.

27. Hospitalization: inpatient or outpatient treatment.

28. Insurance Expenses: Premiums for health insurance policies, including major medical and limited policies (such as hospitalization, long term care, cancer, ambulance and dental plans) except for those plans which provide only lump sum settlements for death or dismemberment or continue mortgage or loan payments while the insured is disabled. Premiums for hospital indemnity plans which provide a specified per diem rate are allowable if the policy indicated the payments are intended to cover medical expenses. Medicare premiums not subject to buy-in are also allowable.

The portion of the premium for the elderly or disabled member may be allowed. If this amount cannot be readily determined, a prorated portion of the premium is allowed. The Working Healthy premium is also allowable.

Insurance copayments, coinsurance and deductibles are also allowable. Medicare cost sharing is covered in full for persons QMB eligible and is not allowable for those consumers.

29. I.V. stands, clamps and arm boards.

30. Intermittent Positive Pressure Breathing (IPPB) machines.

31. Irrigation solution, such as sterile H₂O or normal saline.

32. Lifts - Including chair and van lifts. Costs of the mechanism or repairs to the mechanism only.

33. Medicaid cost sharing. Medicaid copayments are allowable. For FA, the HCBS obligation, the PACE obligation and Working Healthy premium are allowable.

34. Medical equipment and supplies for use in the home, including rental expenses.

35. Medical alert devices (e.g. LIFELINE) that can be activated in an emergency- the costs of purchase or rental, including installation charges. Pagers for persons awaiting an organ transplant are also allowable.

36. Nebulizers.

37. Nursing care provided by a licensed nurse (RN, LPN).

38. Nursing home care and hospital payments made by the household for an individual who was a food assistance household member immediately prior to entering a hospital or nursing home.
39. Over-the-counter medications that a prescribed or approved by a licensed practitioner.
Examples: pain relievers, antacids, allergy pills, vitamins, minerals.
40. Oxygen supplies and equipment such as masks, stands, tubing, regulators, hoses, catheters, cannulas and humidifiers which are part of the oxygen apparatus.
41. Podiatry Services.
42. Prosthetics, including purchase, rental and repair.
43. Psychiatry.
44. Rehabilitation Services.
45. Routine medical supplies: rubbing alcohol, distilled water, cotton balls, facial tissues, toilet paper, and band-aids.
46. Services provided by a state licensed nursing facility.
47. Sheepskins, foam pads.
48. Shipping charges for medical equipment.
49. Sleep apnea devices.
50. Smoking cessation treatments, such as Nicoderm and patches.
51. Stethoscopes, sphygmomanometers (blood pressure cuff) and other examination equipment.
52. Suction pumps and tubing.
53. Syringes and needles.
54. Targeted Case Management: TCM services provided by an entity authorized to provide TCM under the Kansas Medicaid program are allowable.
55. Telephone fees (monthly charges) for amplifiers and warning signals for persons with disabilities and the costs of typewriter equipment that is connected to the telephone for deaf persons.

56. Transportation and lodging to obtain medical treatment or services which are covered by Medicaid or are considered medically necessary, including to and from services included on the HCBS plan of care. Lodging costs may also be allowed for 1 attendant, if necessary. Waiting time is allowed for commercial providers only. Ambulance transportation is allowable. Private vehicle mileage is allowable at the current state reimbursement rate for privately owned vehicles, including the enhanced rate for specially equipped or modified vehicles to accommodate a disability. Commercial transportation is allowable at the usual and customary rate of the provider.
57. TED Hose.
58. TENS units (transcutaneous electric nerve simulator), if used for pain relief only. Units used for weight loss are not allowable.
59. Traction and trapeze apparatus and equipment.
60. Vehicle modifications for a person with a disability- the costs of the modifications only.
61. Walkers.
62. Wheelchairs – maintaining, replacement and repair. A motorized wheelchair or scooter is allowable in lieu of a wheelchair.

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